

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-008479

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1347

STATE FILE NUMBER

VS 300
Rev. 4/59

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28/20/7

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Fayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN 915 N. Grand, St. Louis, Mo.		Length of stay in 1b 26 days	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET. ADM. HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First RUSSELL Middle EUGENE Last COWLES		4. DATE OF DEATH Month February Day 6 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/21/20
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) De Witt Co., Ill.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Thomas Cowles		13b. MOTHER'S MAIDEN NAME Beula Allison	
14. NAME OF HUSBAND OR WIFE Jane Cowles		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WW-2	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Jane Cowles (Wife), Same add. as 2.	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRAIN STEM HEMORRHAGE.		INTERVAL BETWEEN ONSET AND DEATH 5 HOURS	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) LEUKOSARCOMA		1 YEAR	
DUE TO (c) 200.2			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. attended the deceased from 1/11/63 to 2/6/63 and last saw him alive on 2/6/63 Death occurred at 2:40 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Boleslaw M.D.		22b. ADDRESS VAH, ST. LOUIS, MO.	
22c. DATE SIGNED 2/6/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-8-63	23c. NAME OF CEMETERY OR CREMATORY Goose Creek Cemetery	23d. LOCATION (City, town, or county) (State) DeLand, Ill.
24. FUNERAL DIRECTOR Trigg Funeral Home, DeLand, Ill.		25. DATE RECD. BY LOCAL REG. FEB 7 1963	
		26. REGISTRAR'S SIGNATURE Paul Smith. M.D.	

USE BLACK INK
OR
TYPEWRITER RIBBON

83

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

James D. Embley

Licensed Embalmer No. 3653

P.O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT; he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.